

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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NAME OF FILER NATIONAL ASSOCIATION OF REALTORS FUND (NONPROFIT 527 ORGANIZATION)		Date of This Filing <u>02/10/2015</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (312) 329-8381	ID NUMBER (if applicable) 1344693	Report No. <u>20150210R</u>		
STREET ADDRESS 430 N. MICHIGAN AVENUE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CHICAGO	STATE IL	ZIP CODE 60611		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED CHRISTOPHER RIZZOTTI				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: CITY OF BURBANK	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/09/2015	MAILER Cumulative to date total \$32612.53	2,614.90
02/09/2015	TELEPHONE CALLS Cumulative to date total \$32612.53	2,095.18

Reason for Amendment: _____